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DR. DURKEE'S REMARKS ON SCROFULA.

[Concluded from page 241.]

WHEN the mesenteric glands become scrofulous, the abdomen is tumid and tender on pressure, the appetite voracious, and the whole frame emaciated; the peristaltic movements of the intestines irregular, and the evacuations often contain portions of chylous matter which the lacteals refuse to absorb. To re-animate, as far as possible, the powers of the stomach and bowels, and promote a good digestion, the only means by which a nutritious chyle can be obtained, bitter infusions, joined with occasional alteratives, should be administered. The oxymur. hydrarg., in combination with cinchona or rhubarb, to be used with no other object than to improve the digestive secretions, is useful. Dissolve one grain in ʒiv. aq. rosa., and give forty to sixty drops three times a day. The hydrargyrum c. cretâ may be given also with rhubarb so as to act as an aperient every second day. The mistura ferri comp. constitutes a good form for the exhibition of iron, and serves a valuable purpose. If the patient be a young child, this mixture will be inconvenient, and the following may be substituted: R. Carb. ferri, ʒ iss.; pulv. calombæ, pulv. rhei, ãã ℈ij. M. div. in chart. No. xvi. One to be taken morning and night, in molasses or syrup of ginger.

Daily sponging the body with warm salt water, or with soft spring water, to which a small quantity of aq. ammoniæ should be added, will be highly important. This is preferable to immersing the child, because the latter process would drive the blood from the capillaries to the internal organs, and sufficient re-action may not always follow. The whole surface of the abdomen and back should be subjected to frequent frictions. Some writers place much dependence on small quantities of mercurial ointment rubbed over the abdomen night and morning. The friction, either with or without the ointment, should continue half an hour or an hour each time. Care is necessary not to urge the use of mercurials of any description to a degree that shall excite salivation, as this would serve to increase the general debility. The best intention with which they can be administered is, that they may exert an alterative influence; at the same time it will be well to give sulphuris præcipitat. vel lactis sulphuris, magnesiæ ustæ, ãã ʒss. M. A teaspoonful three times a day in syr. of rhubarb. This preparation forms a good aperient during an alterative course, and will be found well adapted to the delicate stomachs of children. For a child from one to two years old,

about a third of the quantity mentioned above will be sufficient. When the alterative plan has been pursued for two or three weeks, it will be best to discontinue it and resort to mild tonics. Light, simple, nutrient food should be given, and the patient allowed the free indulgence of the appetite; because, as the process of chylosis is greatly impaired, an unusual supply of aliment is required. It is useful to have a regular period intervene between the meals, if possible. An interval of three hours will generally keep the patient quiet and satisfied. The remarks elsewhere made relative to the importance and benefit of exposure and exercise in the open air need not be repeated, although nowhere more applicable than here.

In this parabysmic affection, success can rarely be expected, except in recent cases, whatever plan of treatment be adopted. The disorder will in most instances pursue its furtive course, and all that can be accomplished by the administration of medical agents, is to ameliorate the symptoms and postpone the approaching fate.

The scrofulous affection of the bones is one of the most tedious and difficult diseases that fall within the province of surgery. Many months may elapse between the direct and specific application of the cause and the subsequent production of pain or material inconvenience to the patient; and even when symptoms of morbid action do arise, their development is so gradual and insidious that both the patient and the friends are often kept in a state of false security until the favorable moment for averting ill consequences has passed, and is not to be re-called.

Surgeons have divided the disease into three stages; the adhesive, the suppurative, and the ulcerative. These morbid changes are more slowly formed and more slowly advance than the same transitions in the softer textures, and hence the cure is more protracted. It has been already observed that the bones possess an unnatural vascularity and softness. As the malady advances, a transparent fluid is first deposited in the cancelli, and afterwards a yellow, turbid, caseous matter. Vessels containing red blood are often seen communicating from the diseased bone into the contiguous cartilages. The latter subsequently ulcerate —the ulceration commencing on the surface attached to the bone.* The bone also dies, piecemeal, of ulceration, and throws out rough spiculæ. After a period of many weeks, or perhaps months, the external cellular membrane inflames, serum and coagulable lymph are effused, producing a tumefaction at first puffy and elastic, which, as the disorder continues to progress, becomes œdematous. This œdema is the forerunner of abscess, which may require many months for its maturity, and which is finally discharged by ulcerated openings and sinuses through the neighboring integuments at some distance from the joint. In the commencement, and while the disease is confined to the cancelli of the bone, but little pain is experienced, and that at intervals after exercising the limb. At length the integuments covering the joint begin to sympathize with the internal structures, and effusion into the cellular membrane takes place. As the cartilages and bone continue to

* Brodie, Cooper, &c.

ulcerate, the pain is somewhat augmented, but does not become intense until matter has formed to a considerable amount and the surrounding parts are distended and inflamed. The skin now assumes a livid color, which is circumscribed, as when the lymphatic glands are inflamed and are about to suppurate—and there is more or less of constitutional irritation. The discharge from the abscess is at first copious, thin, curdly; its quantity gradually diminishes, and it acquires more consistency, until it nearly resembles the caseous contents of the glands. When the abscess heals, it is often followed by others, in slow succession; these continue a long time nearly closed; the orifice is soft, the muscular fibres are reflected over upon each other, and it becomes prominent, like the mouth of the common sucker fish. In such cases the probe will often detect the rough surface of carious bone at the bottom of the abscess. The parts will sometimes remain for years in this state, and the constitution receive no material detriment. In other instances it is gradually undermined by the consecutive abscesses, hectic fever, and other colliquative consequences. Occasionally a recuperative process commences—the fistulous openings close up—the individual slowly recovers strength, anchylosis takes place, and a cure is accomplished.

The disease, however, is not always arrested when the articulating surfaces of the bones are thus united, nor do the sinuses invariably heal. A few weeks since I examined the body of a female, twenty-three years old, who had been afflicted with scrofula from childhood. The lymphatic glands were first implicated. At the age of eighteen she experienced an aggravation of suffering in consequence of the disorder locating itself in the right hip. For nearly a year the principal inconvenience felt in the joint and limb was a moderate degree of pain and lameness, sometimes in the hip, at others in the knee, and resembling chronic rheumatism. After the expiration of this period, the parts covering the joint tumefied, presenting an elastic sensation to the touch, and the limb soon gave out if she attempted to use it. An abscess ultimately formed—its contents escaped spontaneously, and the disorder continued to exhibit the different phases peculiar to this affection. Two years previous to death, anchylosis took place: three sinuses still remained; two directly in the groin—the other, quite small, on the anterior aspect of the femur, three inches below the hip joint. On examination, the cohesion was so perfect that it was difficult to trace the line between the head of the femur and the margin of the acetabulum. In tracing the two inguinal sinuses, they were found to originate in the os pubis. The flat part of this bone and the wing of the ilium were altered in structure, so that the blunt end of a probe readily broke it down. The bone immediately round the articular adhesion was nearly of natural solidity, though not of its natural texture. In this case the disease seemed to have retired from the joint itself, while the cancellous structure of the bones at a little distance from it was still the seat of morbid action, and was more disorganized than the surfaces composing the joint. But even when anchylosis and a perfect cure take place, it is certain that the original texture of the cancellous structure, once destroyed, can never be restored.

The chief points of distinction between the symptoms of this disease and those of idiopathic ulcerations of the cartilages, consist in the less amount of pain attendant on the former—the general habits of the patient—the extreme tediousness of the complaint, and the successive train of abscesses. During the first stage of the disorder, the symptoms are obscure. The pain and lameness are trifling, with little or no constitutional excitement. If it is in the hip joint, it announces itself by gradual emaciation of the whole limb, and by deep-seated pains through the groin. These are soon propagated along the femur to the knee, where they are concentrated in such a manner as to attract the attention of the surgeon to that joint, and this circumstance is frequently a source of error. The pain is aggravated by motion, and in walking the patient endeavors to relieve the affected limb by bearing his weight on the opposite side; the diseased limb is directed forward and bent at the knee, and there is an apparent elongation. The habit of throwing the weight of the body upon the unaffected limb after a time gives rise to lateral curvature of the spine, which establishes and increases the deformity. As the disease advances, there is considerable difficulty in rotating the joint; and if the patient be placed in the recumbent posture and the knee directed towards the pelvis, the movement will be attended with an increase of pain. The motion of direct abduction, or casting the limb sidewise, is attended with still greater difficulty and pain than that of flexion towards the abdomen. Another diagnostic symptom may be discovered by placing the patient on his feet; in this position it will be observed, on inspection, that the distance from the cleft of the nates to the spine of the ilium is greatest on the diseased side.

As the morbid action progresses, the suffering becomes more severe; the patient experiences a general uneasiness, the functions of internal life are disturbed, and febrile paroxysms supervene. It occasionally happens that anchylosis is established, and a cure is effected before the suppurative stage has time to set in; but generally purulent matter forms after the disorder has continued several months, and the copious secretion envelopes the head and superior portion of the femur, the cartilages of the joint are destroyed, the edge of the acetabulum and the head of the femur are more or less broken down by ulceration and absorption—the action of the muscles dislocates the thigh bone, which mounts upward upon the pelvis, and the limb is shortened.

The knee joint is more frequently the seat of scrofulous disease than any other. An uneasiness is first experienced in the part, accompanied with enlargement, a deep-seated pain in the head of the tibia, and a gradual diminution in the size and muscular strength of the limb. The swelling is unattended with discoloration of the skin, which becomes tense and covered with varicose veins, has a smooth, polished aspect, and its temperature is higher than that of the sound limb. As the complaint advances, the swelling increases, presenting a puffy tumefaction and concealing the natural projections of the bones composing the joint, which becomes stiffened and permanently bent. The same symptoms exist when the disease locates itself in the bones of the arm, &c.

Whatever joint is affected, the limb should be handled as little as possible and always in the most delicate manner. Not long since, a

scrofulous child, exhibiting the symptoms of this disease in the right knee, was put under my care. I explained to the friends what I considered the difficulty to be, and commenced a course of treatment which was sanctioned by another physician who saw the patient, but which failed to satisfy the immediate relatives. The patient was accordingly placed in the hands of a noted empiric. He held out high hopes of a speedy cure—and among other operations, subjected the joint several times a day to severe motion, by grasping the ankle and making the leg serve as a lever, while he pulled the limb in various directions. These manipulations occasioned considerable suffering, which was increased at every repetition. Under this administration the joint grew worse, and the friends at length took alarm; the patient was taken home, and for several weeks suffered not a little from the measures adopted by the charlatan.

Whether the articulation of a large or small joint be implicated, it is important to preserve it in a state of rest. The parts about the hip are unfortunately situated for recovery from this disease, inasmuch as the joint occupies the central point of motion between the body and lower extremities, and suspension from motion is somewhat more difficult on that account. Nevertheless, it should be a primary object to correct the patient's habit of bending the thigh and leg. This can best be done by means of a light pasteboard or bass-wood splint and bandage, which should extend from the hip to the heel. The recumbent posture should be observed as much as possible. This will prevent pressure and friction of the articulating surfaces, and serve to keep down irritation and inflammation in the cartilaginous structure. In protracted cases it will not be advisable to confine the patient for too long a period in a state of absolute rest, but the limb itself should be restricted from all action. Due regard to the improvement of the constitution will require that he be exposed to the fresh air in an open vehicle.

In adjusting a suitable apparatus to the knee or elbow joint, the limb should be somewhat flexed. Some surgeons apply a machine so as to retain the member nearly in the position which the patient has previously selected and found most comfortable. In general this will be right. It should be so fixed as best to guard against injury in case the patient should accidentally trip or stumble while walking. If one of the joints of the upper extremity be affected, a sling will fulfil all the purposes required for support.

Blisters, issues and setons should be used at a little distance from the diseased locality during the first stage. Surgeons are united in giving their sanction to these topical remedies; also to the employment of different evaporating lotions. These tend to keep the morbid action from extending to the adjacent parts, and may possibly retard suppuration. Artificial pustulations from tartar emetic ointment or plaster, have occasionally usurped the place of blisters, &c., but they have proved of inferior efficacy. Baron Larrey places great reliance on the use of the moxa to check the disease in its initial stage, and to re-establish the vital properties of the parts implicated. All topical means, however, will be of little service, unless conjoined with constitutional remedies. The muriate of lime is a preparation of some value as

a tonic, and may occasionally be prescribed with conspicuous advantage. The different combinations of iron and the mineral acids are entitled to high confidence, and should be given as freely as possible without inducing gastric distress or febrile action. The comp. ammoniated tincture of guaiac. given in milk or wine whey, in dram doses, three times a day, is good. The alimentary canal should be kept quite free. As a mild cathartic, which will at the same time exert a tonic power, the following may be used. R. Pulv. rhei, ʒij.; sulph. ferri, ʒss.; saponis albi, ϑij.; extr. juglandis cinerei, ϑi.; aq. distillat. q. s. M. Ft. pil. No. 40. One to be taken morning, noon and night, every second or third day. It will be necessary to sustain the strength by diet of good and nutritious quality, cooked fruits, and every other prophylactic measure.

If the part become painful it will be expedient to have recourse to moderate local depletion with leeches. Brodie states that, in ordinary cases, the abstraction of blood from the neighborhood of the joint is not necessary; Sir A. Cooper, on the other hand, recommends the practice, and the most eminent surgeons in our own country have long since adopted it. It will afford temporary relief by disgorging the vessels about the articulation, and, if conducted with prudence, will not increase the constitutional debility.

If, notwithstanding our efforts to counteract the disease, the morbid habit continues to progress and give evidence of approaching suppuration, this process should be encouraged by emollient poultices and fomentations. An aggravation of the symptoms will take place, more or less severe, according to the habitudes of the patient and the size of the joint; and anodynes will be required to assuage the pain. At this crisis the intrepid Larrey resorts to the moxa for the purpose of arresting the suppuration and rousing the absorbent vessels to greater activity, that thus the purulent matter may be taken up and thrown into the circulation. The moxa, to produce action upon the diseased spot, must be applied contiguous to it; but its effects will be of too violent a character to justify its use at this period, for it will be likely to provoke still higher inflammation. Irritants of every description, near the part, will be prejudicial. Mild embrocations and dressings will be most appropriate until the contents of the abscess are liberated. The abscess should be allowed to burst spontaneously; for if an opening be made with a lancet, great irritation and a fresh attack of inflammation will be produced in the joint. It is advisable to continue the poultices, and renew them twice a day, until the tumefaction and soreness have materially abated. Great care will now be required to sustain the flagging powers of the system, by the exhibition of quinine, the different ferruginous medicines, wine, &c.

When the swelling and purulent discharge begin to diminish, we can resort with more safety and hope to the employment of local irritants, such as blisters, issues, &c., at a little distance from the seat of disease; or an issue may be kept open in one spot, and vesication repeated in another. Some surgeons prefer the renewed action of a blister to that of the unguent. sabin., or other drains. There is reason for this choice.

Artificial drains lose their efficacy in some degree after the first inflammatory action declines; in order, therefore, to obtain the greatest benefit from them, it is best to employ a vesicatory which can be repeated at pleasure. The moxa may now be tried with advantage. Stimulating injections are sometimes proper—as, acid. nitrosi, gtt. x.; aq. rosa., ℥i. M. This may be used, warm, every second or third day. It will be serviceable in bringing forward granulations and hastening the process of exfoliation. Adhesive plasters, applied in a circular manner round the limb, will be beneficial in preserving the parts in a state of rest, and will favor anchylosis between the articulating surfaces. Less advantage will be derived from their use about the deep-seated parts of the hip joint, but even here they will do good if aided by suitable bandages. They should be so adjusted as not to interrupt the escape of matter from the sinuses. It occasionally happens that spiculæ of bone get into the cavity of the joint, or partially through the sinuses, and produce severe inflammation and constitutional suffering, and the prospect of final cure is greatly diminished. It will not be prudent in the surgeon to essay the removal of these exfoliations by dilating the fistulous openings with cere, sponge, &c., as is sometimes practised, nor should they be disturbed with a probe.

If the joint be nearly or quite destroyed, and the constitutional disturbance great, the limb should be amputated. In deciding upon the time when its removal would be a justifiable measure, the surgeon has no criterion for his guide but probabilities. The moment these are against the preservation of the diseased member and the ultimate recovery of the patient with it on, it should be cut off. It would be no act of humanity to postpone the operation and thereby diminish the chance of life. We should not, however, lose sight of the fact, that the removal of a scrofulous limb will sometimes give rise to pulmonic or other serious malady which will destroy the patient. Some years ago I assisted in amputating the fore arm of a young man who had been afflicted for a long time with scrofulous disease in the carpal bones. His strength was quite reduced at the time. Although but little promise of success awaited the operation, it had been determined on. The stump healed tardily. In the meantime the lungs became affected, and in four months the young man died of consumption. If the disorder be in the hip or shoulder joint, amputation will be out of the question.

The scrofulous disease frequently seizes upon the spinal column, and occasions the most serious mischief among these bones. Its progress is slow, but is rarely arrested by the assistance of art or cured spontaneously. The bodies of the vertebræ are more or less destroyed; the parts which remain sink under the superincumbent weight, and distortion is produced in the bones and paralysis in the limbs. The morbid action sometimes commences in the intervertebral substance; at others, in the cancellous texture of the vertebræ. Scrofulous matter will occasionally encroach upon the spinal canal, and in consequence of pressure upon the medulla, produce paralysis in the limbs, while the bony parts of the vertebral apparatus remain sound. An instance of this kind fell under my inspection some years since, in the case of a

boy in whom the lymphatic glands of the neck, groin and mesentery, had been affected for five years. Eight months previous to death he complained of severe pains in the back of the neck and occiput, through the shoulders, at the pit of the stomach, and along the course of the nerves distributed to the upper extremities. The latter were soon affected with numbness, spasmodic action, and finally with loss of motion. On opening into the vertebræ, that part of the cord shielded by the four superior bones was bathed in a turbid, ill-conditioned pus; the intervertebral substance was partially ulcerated and decomposed, but the osseous texture exhibited its ordinary structure and hardness. The whole column was examined, but no other morbid point discovered. In this instance the spinal affection was confined to the intervertebral spaces, and was of too short duration to bring on carious action in the bones.

During life there are no symptoms which will enable the practitioner to determine whether the lesion commences in the fibro-cartilaginous or osseous substance. In either case the patient complains of numbness in the limbs, lassitude, and difficulty in walking. There is nausea at the stomach, borborygmus, derangement of the digestive functions, and a peculiar sensation of strictness at the scrobiculis cordis, with obscure, deep-seated pains along the spine. During the last few months I have had a scrofulous patient, who has exhibited these symptoms for more than two years, and at times in a high degree. Gastric eructations and the borborygmic trouble will occasionally continue for two or three hours, with an intermission of only a few minutes. The disorder is yet in its first stage. It was induced by close, sedentary confinement and meagre diet.

As the disease progresses, the dorsal pains increase, muscular action is more impeded, without actual paralysis; and accidental retractions, with a sensation of cold, independent of the surrounding temperature, are experienced in the extremities. The form of the back does not exhibit any alteration until the caries has made considerable encroachments in the destruction of the affected part. The curvature is at first merely perceptible. In walking or sitting, the patient leans forward, and on examination, one or more of the spinous processes will be found to be more prominent than the rest, particularly if the dorsal vertebræ are affected. The degree of projection will depend on the number of vertebræ diseased.

Sometimes ulceration will proceed to a great extent without the formation of abscess. There is then a greater prospect of cure by the establishment of cohesion between the articulating processes. Not long since I obtained a specimen of carious spine in which bony union took place between the articulating processes of four dorsal vertebræ. The uniting substance was deposited to the thickness of half an inch on the external surface, extending towards the extremities of the transverse processes, and filling up the lower portion of the fossa or space between these processes and the spinous.

As the sero-purulent effusion accumulates, it offers a mechanical impediment to the functions of the spinal marrow, produces irritation in the nervous branches arising from it, and paralysis in the parts to which

these branches are sent—in consequence of which, if the lumbar or dorsal vertebræ be affected, the contents of the bladder and intestines will be expelled with difficulty or involuntarily; complete loss of motion will occur in the feet and legs, and the patient will be reduced to a state of forlorn helplessness. The matter finally extravasates through the adjacent cellular structure towards the most depending points, or towards those offering the least resistance, and produces symptomatic abscess or "abscess by congestion." Sometimes its route is through the soft parts to the back, but quite as frequently it is developed in a spot still more distant from that of its original secretion, as the inner part of the thigh, fold of the groin, perineum, or margin of the anus; or it may take the course of the spermatic cord, and form a tumor through the abdominal ring, in which case a discrimination between this tumor and that of hernia is sometimes difficult. The general symptoms and history will usually be sufficient to declare the nature of the malady; but the surgeon cannot be too much on his guard here, and his diagnosis should be such as to leave no obscurity upon his mind as to its identity. Some years ago a practitioner in extensive business, in one of the N. England States, was called to prescribe for a small tumor projecting just outside the the abdominal ring, and of which the patient (who was otherwise diseased) had complained for several weeks. After superficial examination, the physician took out his lancet and plunged it into the tumor. A copious discharge followed—consisting of feces.

In the closing period of strumous affection of the spine, the sufferings of the individual are unremitting, and no posture he can assume will bring relief. Besides the pains in the back and loins, respiration and all the functions of the thoracic and abdominal viscera are deranged by reason of the curvature and the consequent alteration in the form of the chest. Many die from hectic fever, diarrhœa, &c.; and of the few who survive, it is rare to find one that is not the victim of irremediable deformity, and extremely liable at any future date to a recurrence of the disease from the most trivial accident.

The two principal remedies advised by all writers, are—a state of perfect repose in a horizontal attitude, and caustic issues in the vicinity of the diseased part. Although the recumbent posture is to be observed, the patient must have access to the open air in all favorable weather. For this purpose a mattress should be placed in a carriage for him to lay on, and bolsters adjusted so as to prevent any jar or motion of the spine. This passive exercise, or rather exposure, will be an essential benefit to the patient, for while the body is relieved from confinement to close air and the impure exhalations which always accumulate in the sick chamber, his mind will be kept in a more cheerful and contented frame.

In the commencement, leeches and blisters are of service, but they are less efficacious than caustic issues, which it will be necessary to continue for a long time. Moxa is the chief weapon employed by Larrey to combat this malady of the spine, as well as when it attacks the cancelli of other bones, and he claims the praise of numerous victories achieved through its instrumentality.

In October, 1838, I commenced a succession of moxas on a young

female who had been troubled with strumous affection of the dorsal vertebræ for more than a year. The disease had resisted the use of blisters, issues, &c., which had been thoroughly tried. The first application of the remedy in question consisted of one small moxa on each side of the spinous processes, about two inches from their projections. As the patient became accustomed to their use, the size was increased, and they were repeated at intervals of eight to ten days, according to the degree of inflammation produced. A favorable change was perceptible after the third application, and has continued for about twelve months, during which time the treatment has been confined to a repetition of the moxa, and the use of such internal remedies as seemed most likely to second its effects.

The periods between the applications should be regulated by the strength and habits of the patient. In those of irritable temperament, the interval should be longer than would be required in other subjects.

Pott, Brodie, and other eminent surgeons, proscribe, as highly pernicious, the employment of all mechanical contrivances, and every other attempt to correct the figure of the distorted vertebræ by separating their surfaces, which are in contact, and which, if not disturbed, may be disposed to coalesce. If any mechanical means be resorted to, they should consist merely of retentive bandages and supports, and should not be allowed to press upon the spinous processes. When the disease has been arrested and the patient begins to recover the use of the limbs, and there is reason to believe that the carious bone has been removed, moderate exercise by walking may be allowed; and the use of some sort of corset or other instrument to support the spine and relieve it of the weight of the parts above, will be necessary.

If chronic collections of matter appear in the form of psoas or lumbar abscess, the prognosis is almost always fatal. It is seldom that any means we can employ will be attended with any other result than the delay of the patient's doom. The abscess must be allowed to take its course until it becomes quite large, and when there is a red blush upon the skin covering the purulent cavity, the contents may be set at liberty by the surgeon. Abernethy's plan of making a small valvular puncture is generally adopted. All the means adopted with a view to produce re-absorption of the purulent collection will in almost every instance prove inert, for the organization of the abscess is such that it is circumscribed by an adventitious mucous membrane which forms a separate tissue, lines the whole extent of the artificial canal, and probably secretes the fluid whose removal the topical applications are designed to accomplish. When the abscess is opened, whether by the surgeon or spontaneously, advantage is occasionally derived from injections of sulphate of zinc or alum. This will possibly diminish the secretion and promote the adhesive action, and thus the cavity be obliterated; but death generally happens from the profuseness of suppuration and from the ingress of air into the fistulous cavern. The same constitutional measures, advised under the treatment of scrofulous disease of other parts, will be applicable to that affection when seated in the spinal column.

In offering the foregoing remarks, suggested by personal experience

and such other helps as lay at my command, I do not suppose that they will be fully endorsed by all who labor in the medical field. The physician who cherishes an undivided love for his profession, and who aims to fulfil the high responsibilities connected with it, will not, in practice, content himself with the theories and statements of another; he will go to the fountain—he will study disease with his own eyes—he will employ his own pencil and draw his own delineations at the bed-side of sickness, and mark the various operations of deranged nature—he will cultivate intimate acquaintance with pathognomonic symptoms in every specimen of morbid action—he will note the peculiar features, the lights and shades, and all the modifying circumstances, which are to aid him in the important, perhaps difficult work of forming a correct judgment in the case before him.

SINGULAR STRICTURE OF THE ŒSOPHAGUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I should esteem it a very great privilege to make known, through the Journal, a case which, so far as my knowledge, or the knowledge of those whom I have consulted, extends, is without a precedent. By so doing I have hoped to secure to the case the attention of men of medical knowledge, who may be readers of your paper, and, if possible, to find some one who has been acquainted with, or heard of, a similar case, and who could give information or advice in relation to the present one.

The case is as follows: The patient, about 45 years since, at the age of 12 years, was awaked from sleep in the night and tried to swallow, but could not, the effort distressing him very much. He could swallow not a particle of anything until near sunset the next day; and then, in an instant, the passage relaxed and he swallowed with perfect ease. The same attack recurred occasionally for about 5 or 6 years, and then ceased, but left a smallness or stricture in the œsophagus about half way between the throat and the stomach, which troubled him some during spring and fall on sudden changes of the weather, but by resorting to thin food it would recover in a few days. Since that period the difficulty has been wearing off, and the attacks became less frequent and less severe, until about a year since. During all this period, when he could swallow at all, it was without experiencing the least difficulty. In January last, the difficulty returned with more severity than ever, but by resorting to thinner food for a few days it would cease for a short time; then return, and continue 2, 3 or 4 weeks, and again so perfectly recover as that he could swallow liquid with perfect ease. After a few times swallowing, the difficulty would again return for a longer time, and with the stricture increased. It has, since last winter, returned and subsided several times. At several times during this period, when he has experienced great difficulty in the night, he has in the morning swallowed liquid with ease.

In about the last attack, before the present, the stricture subsided entirely. This was in June last; but in a few days the case returned

with such severity that he has been under the necessity of taking milk by the teaspoonful or half teaspoon. Food will readily pass as far as the stricture, and then stop for some little time, perhaps some minutes; and then, with a crackling, pass into the stomach. It is a difficult matter for the patient to take food sufficient to support nature. The neck and throat of the patient have been perfectly free from pain, swelling, inflammation and disease. The stricture appears altogether spasmodic.

If any one, whose attention may be drawn to this article, has ever known or heard of any similar case, which has been relieved or cured, he will confer a very great favor by addressing Wm. C. Whitridge.
New Bedford, Mass.

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BOSTON, NOVEMBER 27, 1839.

ESSAY ON INSANITY.*

In July, 1837, the writer visited Dr. Allen's Asylum, at High Beach, in the county of Essex, near London, and admired its retirement, scenery, ample scope for walks, without annoyance and apparent restraint; with judicious moral and medical management, combining many aids to tranquillize disturbed and disordered minds, and enable them to resume healthy tone and action. Dr. A. says, "Here maniacal excitement is often lessened in force and bettered in direction, the sufferer being allowed, with an attendant, to ramble, dance and scream in the forest, all day, instead of being confined in a straight waistcoat.—Insanity, in many cases, consists in aggravation of original peculiarity of character. In addressing these sufferers, I deprecate a tone and manner implying they are different from other people. The impression is too general that they are mostly violent, vociferous, destructive, malicious, dangerous. Undue reference is made to the most striking cases, which are most easily described as interesting pictures, and perhaps most susceptible of relief. This may temporarily exalt or magnify the physician, but is deceptive and therefore wrong, and unnecessarily extends a system of coercion. Happily there is protection around those who are striving to relieve such distress; and they best succeed in withdrawing the sufferers as little as possible from common life. Formerly, some were kept naked, in straw; if mortification occurred from cold of the extreme parts, it was called a 'symptom of insanity'!

Careful examination and inquiry often show that intemperate feeling, wicked, irregular habits, have been followed by insanity, although it may have been attributed to a very different origin. It sometimes seems to be an effect of an over-excitation from mad pursuit of wealth, fame, distinction, the consequent distracting, overwhelming miseries of disappointment, the modes of fashion to which sensitive people, and those who have

* Essay on Insanity. By Matthew Allen, M.D., late Medical Superintendent of York Asylum, author of Lectures on the Temper and Spirit of Christianity, and on the Principles of Education, &c. "Thou shalt not break the bruised reed." "Take no pleasure in an idiot's folly, a lunatic's whims and fancies, a drunkard's frenzy. They are objects of pity, not of pastime. How thou art indebted, that thou art not like them!" "The cure of mind is the most noble branch of medicine." London.

made themselves morbidly sensitive, become victims, and of which 'vanity is the root, and vexation the product.' From the exhilaration of society they go home exhausted, apathetic, discontented, peevish, making havoc of domestic peace, and producing unhealthiness of mind. Such habits sometimes terminate in alternations of irresistible excitement and depression; their subjects being illy able to withstand the effects of adversity or prosperity. Any excessive passion or propensity is an abnegation of reason. Most of those who lose the power over their minds, have been unaccustomed, in early life, to control their feelings and habits: what contrasts to the good and wise, whose balance of mind is preserved, whose spirits are tranquil and even, who enjoy internal sunshine and diffuse peace and serenity! Health and longevity correspond with the moral state: nothing seems more favorable to these than conduct well regulated, a mind habitually preserved in calm. Reflection restrains the passions; thinking on subjects of exact inquiry, by appropriating the energies to exalted purposes, diverts from exertion of the passions and inferior propensities, and strengthens the controlling influence of reason and conscience.

In management of insanity, no deception should be used, else the basis is destroyed on which moral good can be effected. Without truth there can be no confidence.* Each case requires its appropriate plan; we can hint only at the general spirit of procedure. If a sufferer can comprehend the reasoning, he may be advised that on account of things unusual and strange in his words and actions, his mind is not considered to be in a right state; that it is hoped his conduct will not confirm this impression. Sometimes a deluded person is corrected by witnessing his case caricatured in another's. There is more merriment than melancholy among the insane. I believe their average of happiness exceeds that of an equal number of other people.

Domestic strife is more subversive of peace, health and life, than is commonly perceived. Among the sufferers to whom I have ministered was one who hastily married an exceedingly beautiful girl, aged 16, uneducated; after her deficiencies as companion, &c., were developed, love cooled, a proud, impatient, uncontrollable temper was made worse, quarrels became habitual, hatred, misery and distraction. The sublime principle of rightly constituted, spiritual, mental marriage is involved in consideration of such cases. Because proper understanding of this principle is not duly impressed, the parties bring on themselves and friends, and entail on their offspring, numerous frightful evils, even the most terrible forms of insanity." It is the indispensable duty of parents and guardians to protect the immature beings intrusted to them from undertaking serious engagements, the nature of which they do not realize. When such are consummated, the victim requires to be fortified by the most prudent counsels and supports, instructed, encouraged, aided, not to shrink from, but to learn and determine to fulfil, become adapted, assimilated to the duties of the union. This seems the only mode to prevent or remedy its evils, or atone for the short-sightedness, blunder, or delusion which so prematurely induced them. Neglect of such means would argue great defect of moral sense in the responsible parties.

We would not in any degree curtail or suppress the delightful, cheerful, light-hearted and joyous buoyancy of youth, nor chill the apparent sun-

* It was a maxim of the late Dr. Bowditch, "Truth never to be, in the slightest degree, on any inducement, disregarded."

shine of what passes for external prosperity. To give to these permanency of support, to prevent heart-burnings, the bitterness of disappointment and blight of hopes and prosperity, be it remembered, the grand means of education is preparation for the serious business of life, exemption from which, riches do not purchase; why should it be craved!—that the smiling indulgence which cheers the transient tenderness and attractions of youth, passes away with them, and is succeeded by requisitions for efficient agency in the affairs of society, and for care of new helpless ones: their own parents and others, now sober and uncomely, the sedulous ministers to their children's indulgence, have been as comely and much cared for as they, and are now valued only as they usefully grace their stations.

Elements of Pathological Anatomy.—Occasional mention has been made of the progress of this excellent work, by Dr. Gross, of Cincinnati. Owing to some difficulty in procuring colorers—the engravings being essential accompaniments of the text—the publishers could not complete the two volumes as early as contemplated, when the author placed the manuscript in their hands. However, the first volume, containing five hundred and eighteen large octavo pages, elegantly executed, has been finished, and the second will soon follow. The plates have never been surpassed, in point of execution, in any medical publication in this country. The paper is fine, white and firm—the binding simple, but neat—and, best of all, the price will not place it beyond the reach of those who feel obliged to economize in the purchase of books. Thus much for the external appearance of Dr. Gross's system of Pathological Anatomy. When we have obtained the whole, which, perhaps, may be a week hence, some account will be given of its internal character. It is dedicated to Daniel Drake, M.D. It is to be lamented that hundreds of copies could not be distributed at the south and west, before the students, who are now attending medical lectures, disperse.

Auscultation and Percussion.—The celebrated treatise by A. Raciborski, M.D., translated by Minturn Post, M.D., of Newcourt, from the press of Collins, Keese & Co., meets with decided favor. It is divided into two parts; and the first is sub-divided into nine chapters. All that is requisite to be known from reading on this important subject, is clearly and lucidly written;—with little or no instruction at the bed-side, it seems to us that it would be possible for a student, with this treatise, to become tolerably skilful in detecting the condition of diseased organs. It is of consequence to be familiar with the sound of the chest in perfect health, which the learned author has not forgotten to teach. The topography of the internal machinery of life, in the normal state, including every imaginable particular, has not been slighted in the least degree. Dr. Post appears to have executed the translation with a fidelity that will gain him the applause of all who realize the inestimable value of this comparatively new mode of relieving physical suffering, by first ascertaining with positive exactness the point where the remedy is to be applied.

Vermont Asylum for the Insane.—The third annual report of the physician and superintendent has been published by order of the Legislature. In the report of the trustees, which accompanies the other, we discover

that the expenses of the institution for 1839, ending October 1st, were only $7,612 68. The produce of the farm, which was consumed at home, is not included in the account. Unlike most charities in this country, the income has actually exceeded the expenses. The revenue derived from the board of patients, in the same time, was $7,926 54. Trustees who can manage thus economically, and in no instance lessen the dignity of the trust confided to their care, deserve much credit, as in most cases the annual cry is—more money wanted—the outgo exceeds the income!

At the close of the last year, 36 patients remained, and 71 have been added. October 1, 69 were under the care of the superintendent. Of the 38 cases discharged, there have been 25 recovered, 8 improved, 3 unimproved, and 2 died.

Dr. Rockwell's report is a sensible paper—both scientific and business-like. The asylum is located at Brattleboro'—a charming town; and we congratulate the people of Vermont in having this benevolent establishment, which is so highly creditable to the State, under the care of an able, talented and humane physician.

Medical Miscellany.—The mortality at Mobile has been frightful. Six hundred and thirty-eight burials took place in August, September and October. Last year, in the same time, there were but 164 deaths.—No cases of yellow fever have appeared in Augusta since the first frost appeared.—November 1st, the yellow fever was raging at Natchez.—Some distressing cases of hydrophobia are represented to have occurred at Baltimore, recently.—The second report of the Boston Infirmary for Diseases of the Lungs, has been presented to our citizens, which shows very clearly that the claims which the infirmary has upon the benevolence of those who feel for the woes of others, are strong and well grounded. The particulars are reserved for another number.—Whole number of individuals who applied at the Mass. Charitable Eye and Ear Infirmary from Oct. 26, 1838, to Oct. 31, 1839, 666; number of out-door patients, 544—do. house patients, 122. No. of cases of diseases of the eye, 555—males, 276; females, 279. No. of cases of diseases of the ear, 111—males, 58; fem., 53.

DIED,—At Donaldsonville, La., Oct. 20th, Dr. Van Rensselaer, formerly of the State of New York.—At Edgewood, Virg., Dr. Carter Berkley, 72.

Whole number of deaths in Boston for the week ending Nov. 23, 33. Males, 15—females, 18.

Of consumption, 2—cholera morbus, 1—inflammation of the bowels, 1—croup, 2—hemorrhage, 1—infantile, 1—abscess, 1—affection of the heart, 1—suicide, 1—smallpox, 3—lung fever, 1—dropsy, 3—old age, 1—debility, 1—dropsy on the brain, 1—convulsions, 1—burn, 1—fits, 3—typhous fever, 1—intemperance, 1—inflammation of the brain, 2—mortification, 1.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.
Theory and Practice of Physic, by JOHN DELAMATER, M.D.
Obstetrics, by EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is $50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEAVELAND, *Secretary.*

Brunswick, Me. Nov., 1839.

N 27—eop6t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839. op1mcop6m

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

DRS. FLINT AND JONES

PROPOSE to give a private course of Lectures on Anatomy, Physiology and Surgery, to commence December 1st, current, and continue to March 1st, 1840.

They have convenient rooms, a good Library, and such facilities for dissections as will render a course of lectures interesting and useful to medical students.

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☞ Drs. F. & J. will allow their pupils daily access to their "Private Hospital," and also to witness such operations in surgery and important cases in medicine as may occur in their private practice.

Springfield, Mass., Nov. 9, 1839. N 20—3t*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.